

PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY **PATENT APPLICATION** TRANSMITTAL

Please type a plus sign (+) inside this box —

Attorney Docket No.

First Inventor

APPARATUS FOR CLEANSING HANDS

(Only for new nonprovisional applications under 37 CFR 1.5.	3(b)) Express Mail Label No. ET397797481 US						
APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application						
See MPEP chapter 600 concerning utility patent application contents Washington, DC 20231 The Erransmittal Form (e.g., PTO/SB/17) Substitution original and a displicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification Total Pages 21							
preferred arrangement set forth below) Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s)	a Computer Readable Form (CRF) b. Specification Sequence Listing on i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement Power of						
Continuation Divisional Continuation-in-pa Prior application information Examiner For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure.	10. (when there is an assignee)						
The incorporation <u>can only</u> be relied upon when a portion has been	continuation or divisional application and is hereby incorporated by reference. inadvertently omitted from the submitted application parts.						
Customer Number or Bar Code Label							
Name PETER S.	SNEDEKER						
61 WEST SHORE DRIVE							
City PENNINGTON	State NEW JERSEY Zip Code 08534						
Country UNITED STATES	Telephone 6098181722 Fax 6098181094						
Name (Print/Type) Peters Snedeker	Registration No. (Attorney/Agent)						
Signature Surden Hour Statement. This form is estimated to take 0.2 hours to complete	Date 6/23/01						

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JAMES PHYFE SNEDEKER

Patent Application Commissioner for Patents Washington, DC 20231 27 June, 2001

Apparatus for Cleansing Hands

Dear Sirs:

My son and I are pleased to forward our Utility Patent Application and accompanying documentation.

We are also forwarding a stamped, self-addressed postcard to confirm your receipt of the attached.

Over the past year we have conducted an extensive consumer survey relating to this apparatus. In addition, we have developed various marketing material for our discussions with potential business partners. If you wish, we will be pleased to share this material with you.

Sincerely,

61 West Shore Drive

Pennington, N.J. 08534

PTO/SB/17 (11-00)
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)	355
(4)	

Complete if Known				
Application Number				
Filing Date				
First Named Inventor	PETER	S.	SNEDEKER	
Examiner Name				
Group Art Unit				
Attorney Docket No.				

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: 3. ADDITIONAL FEES				
Deposit	Large Small Entity Entity			
Account Number	Fee Fee Fee Fee Description F	ee Paid		
Deposit Account	Code (\$) Code (\$)			
Name				
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
Applicant claims small entity status	139 130 139 130 Non-English specification			
See 37 CFR 1 27 2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination			
Check Credit card Money Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action			
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month			
Large Entity Small Entity	116 390 216 195 Extension for reply within second month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month			
101 710 201 355 Utility filing fee 355.	118 1,390 218 695 Extension for reply within fourth month			
106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month			
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal			
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal			
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing			
SUBTOTAL (1) (\$) 355.	138 1,510 138 1,510 Petition to institute a public use proceeding			
2. EXTRA CLAIM FEES	140 110 240 55 Petition to revive - unavoidable			
Fee from	141 1,240 241 620 Petition to revive - unintentional			
Extra Claims below Fee Paid Total Claims -20** = X =	142 1,240 242 620 Utility issue fee (or reissue)			
Independent 3** = 7	143 440 243 220 Design issue fee			
Claims Multiple Dependent	144 600 244 300 Plant Issue fee			
	122 130 122 130 Petitions to the Commissioner			
Large Entity Small Entity	123 50 123 50 Processing fee under 37 CFR 1.17(q)			
Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt			
103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)			
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))			
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)			
and over original patent	169 900 169 900 Request for expedited examination	$\neg \neg$		
SUBTOTAL (2) (\$)	of a design application			
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3)			

SUBMITTED BY			Complete (ii	Complete (if applicable)	
Name (Print/Type)	Peter S	Snedeker	Registration No. (Attorney/Agent)	Telephone	609,8181722
Signature	fete 8	Sneoleker		Date	6/23/01

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